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ABSTRACT

This study examined the effect of chronic illness on the individual's ability to meet his or her need for solitude and for social interaction by exploring how chronically ill individuals used their own ability (self-care agency) to meet these needs. Subjects were 90 chronically ill older persons, 30 of whom were living at home, 30 who lived in a nursing home, and 30 who were hospitalized. Subjects had a primary medical diagnosis of either congestive heart failure, diabetes, hypertension, or chronic obstructive pulmonary disease. All subjects completed the Perception of Solitude and Social Interaction instrument, the Perception of Self-Care Agency, and a demographic data sheet. Although several authors have suggested that self-care agency declines with age, the responses of these three groups did not support this postulate in relation to meeting the need for solitude and social interaction. None of the subjects indicated that they were unable to meet this need. It had been hypothesized that there would be differences in the ways self-care agency was used to meet this need among the three groups. Data analysis, however, did not support this hypothesis. Responses did not identify individuals who were isolated or lonely. Subjects did not feel that their chronic illness interfered with their ability to meet the need for solitude and social interaction. (NB)

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The Use of Self-Care Agency to Meet the Need for Solitude and Social Interaction by Chronically Ill Individuals

[Margaret A. Burns]

paper presented at
The 4th Annual National Research Forum on Aging: Health, Wellness and Independence,
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Need for Solitude and Social Interaction

Improvements in health care technology and delivery have and will continue to result in persons with chronic illness surviving longer, thus their numbers in our society will increase. One important issue raised as a result of this is the quality of life they will enjoy. Therefore the purpose of this study was to look at the effect of chronic illness upon the individual's ability to meet their need for solitude and social interaction.

Solitude and Social Interaction

The need to be alone (Bloch, 1978; Jourard, 1971; Maslow, 1970; Westin, 1967) and the need to be with others (Erikson, 1963; Orem, 1971; Watson, 1979; Wolanin and Phillips, 1981) has been well documented. Maslow (1970) described the need to be alone as an essential part of the self-actualized individual. This need has also been explained as necessary for self-evaluation, autonomy, creativity, and emotional release (Westin, 1967). On the other hand, the need to be with others is required for development of values and beliefs, acculturation, socialization, as well as for meeting physical needs (Orem, 1971; Maslow, 1970; Wolanin and Phillips, 1981). Erikson (1963) defined the need to be with others as an important development stage.

Chronic Illness

Strauss (1975) whose research centered on chronic illness, observed that social isolation was a consequence of chronic illness and its management. He stated that this isolation was due to : a) impaired mobility, b) vision, hearing, or speech changes, c) bodily disfigurement, time spent on the disease and it management, e) decreased energy. Characteristic behaviors that contributed to social isolation were either withdrawal of the chronically ill individual from others or others withdrawing from them. Isolation and loneliness were identified as problems for the chronically ill.

Self-Care Agency

Dorothea Orem (1971), stated that all individuals had certain universal self-care requisites, and that when self-care agency (ability) used to meet these requisites was altered or impaired by illness, or changes in health, new demands were placed upon the individuals. They must not only meet the universal self-care requisites but also master the requirements imposed by the illness. This may compromise ability to care for

themselves and lead to self-care deficits. Included among the universal self-care requisites is a need for solitude and social interaction. A balance between being alone and being with others was described as essential for human functioning (Orem, 1971).

Observations made by this investigator in a preliminary study indicated that this need did not appear to be met with a small group of chronically ill hospitalized individuals.

Purpose of the Study

Based on the perceived gap between literature and practice, the purpose of this study was to explore how chronically ill individuals utilized their abilities (self-care agency) to meet the need for solitude and social interaction.

Literature Review

The review of literature centered on studies that examined the construct of self-care agency (Kearny and Fleischer, 1979; Hanson, 1981); chronic illness and its effect on interaction and social support (Dimond, 1979; Lin et al, 1979); the importance of solitude, including characteristics and behaviors attributed to solitude (Larson, 1979; Wisne, 1978); and the related concepts of privacy, with its characteristics and related behaviors (Rawnsley, 1980; Schultz, 1977; Schuster, 1976). Other studies included were of the interrelated concepts of privacy and territoriality (Roosa, 1982; Hayter, 1981; Louis, 1983) with their observed behaviors. The importance of social interaction to health and the associated concepts of social support and adjustment to later life were also reviewed (Larson, 1978; Lowenthal & Haven, 1968; Hubbard, et al., 1984; Graney, 1975; Fuller and Larson, 1980).

Methodology

The major problem was - Is there a difference in the way self-care agency is used to meet the need for solitude and social interaction among three groups of chronically ill individuals: those living in a residence, being cared for in a nursing home, and those being cared for in a hospital?

Questions related to the major problem included:

1. Is there a difference in the general self-care agency as described by Hanson (1981) in these three groups?
2. Will chronically ill individuals' general self-care agency be significantly correlated to solitude and social interaction self-care agency, within each group and across the three groups?
3. Do chronically ill hospitalized individuals have less general self-care agency than a normative population?

Research Design

A descriptive design was used for this study because of the need to obtain information about self-care agency in the chronically ill and the relationship of self-care agency to meeting the need for solitude and social interaction. Comparison was made among three different groups of chronically ill individuals to identify differences in how this need was met. Comparison was also made between the hospitalized chronically ill group and a normative group to identify differences in self-care agency.

Subjects

There were thirty individuals in each group: home, nursing home, and hospital. They were alert and oriented, 60 years old or older, with one of the following primary medical diagnoses: congestive heart failure, diabetes, hypertension, chronic obstructive pulmonary disease.

Instrumentation

Three instruments were used to gather the data. The Perception of Solitude and Social Interaction instrument (PSSI); Perception of Self-Care Agency (PS-CA)(Hanson, 1981); and a demographic data sheet.

Perception of Solitude and Social Interaction (PSSI) -

This instrument was developed based on a review of literature, observations, and individual responses. The framework used for this instrument was the 10 "power" components identified by the Nursing Development Conference Group (NDCG, 1979). These components included:

1. attention and vigilance
2. use of energy
3. movement of body
4. reasoning
5. motivation
6. decision-making
7. knowledge
8. repertoire of activities
9. priority of activities
10. integration of activities into lifestyle

A Q-sort; a panel of experts; and a pilot study were used to establish content validity. The reliability was established with a Cronbach's alpha of .84. A factor analysis was done to see if there were 10 distinct categories. Nine factors explained 65.8% of the total variance.

Although distinct clustering of the items into the ten categories of self-care agency did not occur, some of the categories did stand out. These components were particularly notable: reasoning ability, decision-making, having knowledge about the need, and prioritizing activities. The items in these categories had strong factor loadings. These particular categories have been referred to in the literature as declining

with old age (Orem, 1980; NDCG, 1979)

Perception of Self-Care Agency (PS-CA) -
This instrument used the same framework of the 10 "power" components described by the NDCG (1979). Content validity was established by a panel of experts and pilot testing with 102 adult individuals. Reliability using a Cronbach's alpha was .93.

Statistical Analysis

To answer the major question - Was there a difference among the three groups in how this need was met? - the means, standard deviations, and analysis of variance were used. There was no significant difference in the means and standard deviations among the three groups.

Means, standard deviations, and analysis of variance were done to answer question 1. There was a significant difference among the means of the groups. The mean score of the nursing home group was significantly different from the other two groups.

Means and Standard Deviations for the Three Chronically Ill Groups on Perception of Self-Care Agency

Group[a]	Mean Score	S.D.
Home	3.78	.34
Nursing Home	3.50	.39
Hospital	3.66	.29
Total Group	3.64	

[a] n of each group = 30

Analysis of Variance Summary for Scores on Perception of Self-Care Agency

Source of Variance	SS	df	MS	F
Between groups	1.17	2	0.58	4.83*
Within groups	10.51	87	0.12	
Total	11.67	89		

* p = <.01

Scores from the PSSI and PS-CA were correlated to answer question 2. Scores for the total group indicated that there was a moderate correlation, however for the individual groups, only the scores from the nursing home group showed a significant correlation.

Product Moment Correlation of the PS-CA and PSSI for the Combined Group and Each Individual Group

Group	r
Total	.42
Home	.22
Nursing Home	.61
Hospital	.16

Means and standard deviations were used to compare scores on the PS-CA with the hospitalized group and the normative population. There were no significant differences on these scores.

Qualitative Aspects of these Subjects

Qualitative aspects, though not the major focus of this study, indicated that a social support group was an important part of these individuals' lives. Additionally in spite of their chronic illness they were actively involved with friends and/or family. Pets also appeared to play a role as well.

Further findings demonstrated that, of the demographic variables of age; sex; marital status; previous job; educational level; medical diagnosis; length of time diagnosed; and level of activity, only the variables of age and level of activity were significantly different among the three groups. The nursing home group was the most different. They were significantly older and less able to get about on their own. There were no differences among the groups in relation to medical diagnosis.

Discussion, Conclusions, Summary

Although several authors (Orem, 1980; NDCG, 1979) suggested that self-care agency declined with age, the responses of these three groups did not support this postulate in relation to meeting the need for solitude and social interaction. None of the subjects indicated that they were unable to meet this need. The response to statements on the two instruments might have been biased because these individuals were willing to be interviewed, and those who declined were not a part of this study. The majority (73.3%) of the subjects had high school or college

education, therefore it might be implied that they had the resources and creativity to meet this need. The author had initially thought that there would be a difference in the way self-care agency was used to meet this need among the groups. It was expected that the hospital group would different from the home or nursing home groups because of the nature of the hospital setting. Regulations related to visiting hours and lack of privacy in a hospital setting led to this belief. Analysis of the data, however, did not support this. The author also expected to find individuals who demonstrated isolated or lonely behaviors. This was not apparent from the responses to the PSSI. The subjects of this study did not feel that the chronic illness interfered with their ability to meet the need for solitude and social interaction. Many of the subjects stated that they did not allow themselves to become lonely. None felt that they were isolated.

Implications for nursing would be to increase awareness of the client's social support network and include them in the care of the client; awareness that the elderly client still has ability to make decisions and resolve problems; and allow for independence as long as the client is able.

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